Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL080020 B WING 02/03/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE RETIREMENT CENTER CHINA GROVE, NC 28023 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Dennis Harrell on 2-3-2016. Records indicate this facility was first licensed on 1-1-1975, for 26 residents, with a capacity increase to 28 in 1998. Based on this information. we are requiring the facility to meet the 1967 Edition of the North Carolina State Building Code-Section 407, D-2 Institutional Occupancy, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged, and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical. mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the required one-hour. fire rated walls and/or ceilings were compromised in locations. Holes and cracks that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. The one-hour rated ceiling tiles were not fitting well in the dining room, the kitchen and the men's

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL080020 B. WING 02/03/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE RETIREMENT CENTER CHINA GROVE, NC 28023 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 189 Continued From page 1 C 189 bathroom Holes in wall filled b. Holes in the walls in the med room. c. Damaged wall in storage room behind shower. Wall repaired baseboard d. Plastic plumbing access panel in wall in storage room behind shower. blesticcess bonel removed e. Crack in corner of wall in chemical room. Damaged wall in B Hall corridor. chemical room cracks proposed 2. Based on observation, parts were missing from the light fixture in the women's bathroom Jamased wall in Corridor causing the space to be dark and exposing B repassed energized wires and parts. 3. Based on observation, the door to bedroom Room 104 Poor saggino 104 did not fit the opening at the top to resist the need to adjust Frame I WIII consult blog owner passage of fire and smoke. Corridor doors that do not fit properly present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Front Door consult wish Blds o wher 4. Based on observation, parts were missing from the panic hardware latch on the front door. The missing parts exposed sharp edges and prevented the door from being able to be locked to stop unauthorized entry. Based on observation, the waste trap for the hopper had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Erbblied brober Enormand thoughthen As) 6. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This

Findings include:

could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile.

Several portable medical oxygen cylinders were stored in card board box in the oxygen storage

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G: 01	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	CENTER 1114 SOL	DDRESS, CITY JTH MAIN S ROVE, NC			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
C 189	Continued From page 2 area.		C 189			
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could effect all occupants of the facility. Findings include: There was a portable electric heater in use in the office.		C 191	Electricoportable head removed from office		2/4/16